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Life in Rural Ghana

Nidun Daniel
St. John Fisher College

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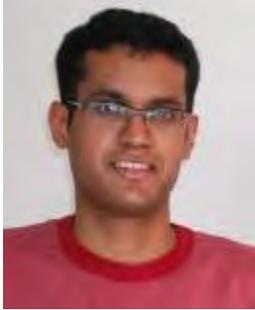
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Life in Rural Ghana

Abstract

In lieu of an abstract, below is the essay's first paragraph.

"I am a graduate of Saint John Fisher College (Class of 2011) with a double major in biology and religious studies. I recently took part in an international trip at my medical school in Old Westbury, NY. I attend the New York College of Osteopathic Medicine at NYIT. The collaboration between the NYIT Center for Global Health and the Jesse M. Rohde Foundation in Ghana helped create a trip that in itself was a life changing experience. Each and every day offered something new to our thoughts that paved the way for insights and discoveries."



Nidun Daniel
Class of 2011

Life in Rural Ghana

I am a graduate of Saint John Fisher College (Class of 2011) with a double major in biology and religious studies. I recently took part in an international trip at my medical school in Old Westbury, NY. I attend the New York College of Osteopathic Medicine at NYIT. The collaboration between the NYIT Center for Global Health and the Jesse M. Rohde Foundation in Ghana helped create a trip that in itself was a life changing experience. Each and every day offered something new to our thoughts that paved the way for insights and discoveries.

During our three weeks in Ghana, we stayed in a village known as Oworobong, found in the eastern region of Ghana (Kwahu-Tafo District). The people of Oworobong make a living by working on farms and cultivating crops. In spite of not having electricity or running water, life is still “normal”. They would invite us in to dine as they would greet us on the streets. The villagers received us with the uttermost respect and gratitude. Moreover they were willing to give up all of what they had to make us happy, whether that meant a chair to sit or food to share in their homes made of mud and thatched roof. Furthermore the warm smile on their faces hid their suffering and problems, as they seem to be accustomed to being happy with the little that they have.

The conditions in Oworobong were far worse than I had expected or could imagine as a westerner prior to my arrival in Ghana. The clinic we were at in Oworobong, setup by the Rohde Foundation in Oworobong, provides for basic healthcare needs. Since transportation to the area is not easily used due to long and unpaved dirt roads, people from far away villages travel to Oworobong on foot to get medical attention from the clinic.

One of such instances involved a female in her late thirties who walked to our clinic on a hot humid day. As she approached us, she immediately fell to the ground in pain and discomfort. Later that day she delivered a healthy boy at the clinic. The smile on her face with the newborn next to her will always be treasured in my heart. Having suffered already a tremendous amount of pain associated with labor, the mother now awaited to accept the greater challenge of raising the child in the face of poverty.

In medical school we learn so much about the biological aspect of child development but we rarely talk about the impact of the social environment on the child. Children are malnourished in rural areas of Ghana with their diet consisting of yam and cassava. From our surveys done on school children ages 5-12, we realized many of them barely eat three times a day. Some of them eat rodents and snails, basically anything they can find in the environment. Considering how important proper nutrition is during this age period, it is not surprising to see adults present at the clinic with neurological weakness and anemia, as they were raised in similar conditions when they were children.

The images of malnourishment we have witnessed and the sights of children at labor we have been accustomed to in Ghana, all speak for the injustice that these people have been faced with throughout their life. All of these have their implications on health regardless of whether the people realize it or not. As human beings we all are connected and share a common ground regardless of race, or the culture or religion we follow. Whether one is from Africa, Asia, Europe or North America, as human beings we all deserve the right to the basic necessities of life. This includes the access to safe water, food and healthcare. Medicine teaches us that our bodies are prone to the basic functioning and require attention in the face of abnormalities without consideration of an individual's nationality, wealth, religion or social views. It is this realization that I find true to my life and something that has brought me closer to medicine.

As an aspiring physician I hope to return to rural areas such as the one in Ghana later in my life. As an undergraduate student at Saint John Fisher College, I was introduced to rural medicine with my first trip to Pune, located in northern India. Now having gone to two different resource-scarce areas of the world in two different continents, I find myself one step closer to global medicine. This trip helped me attain a better understanding of what it is like to practice medicine in rural areas, both from a cultural and from a medical perspective. Although I'm not sure of what awaits me tomorrow, I know for sure that if there is anything that I do that will make me happy in life, it will involve global medicine in some shape or form. My studies at Saint John Fisher College will always be looked upon as an asset that have contributed to my success thus far and towards the fulfillment of my goals in the future.

